



DEPARTMENT OF VETERANS AFFAIRS
Insurance Center
P.O. Box 42954
Philadelphia, PA 19101

We are truly sorry for your loss. We know this is a most difficult time in your life, but we want to provide you with the options that are available for you to receive your life insurance payment. Unless the insured designated otherwise, you have four options:

Option A: Alliance Account

This is an account opened for you by the program's primary insurer, The Prudential Insurance Company of America. This account earns interest, and you would be sent a book of drafts (similar to a checkbook). You then have the choice of writing a draft for the entire balance in your account, or you could use drafts to pay any immediate bills and leave the balance in the Alliance Account until you have the opportunity to consider permanent alternatives.

The Alliance Account is not a bank account and is not insured by the FDIC. The Alliance Account is a contractual obligation of Prudential and backed by the financial strength of the company. While the account is not insured by the FDIC, every state has a state guaranty association that is legally obligated to guaranty payment of at least \$250,000, with most states providing \$300,000 in protection, and a few providing protection of up to \$500,000. These associations have met all obligations since they were created 25 years ago.

If you do not decide on a way to receive your insurance payment, you will automatically receive the funds in an Alliance Account.

Option B: Check Mailed to You

A check for the full amount due will be mailed in your name to the address you enter on the Claim for Death Benefits.

Option C: Electronic Funds Transfer

The full amount due will be transferred to the bank account you provide on the Claim for Death Benefits. This account **MUST** be in your name as the designated beneficiary.

Option D: 36 Equal Monthly Installments

You would receive a check or Electronic Funds Transfer each month for the insurance, plus interest, over a period of 36 months.

We strongly urge you to take advantage of the free, independent, third party financial counseling offered through **Beneficiary Financial Counseling Service**. For more information about the counseling service call FinancialPoint® at **1-888-243-7351**.

If you have questions about this letter please call the Office of Servicemembers' Group Life Insurance at **1-800-419-1473**.

Again, please accept our condolences on your loss.

Sincerely,

Department of Veterans Affairs



Office of Servicemembers'
Group Life Insurance

Return completed form to:
OSGLI
PO Box 70173
Philadelphia, PA 19176-0173

Claim For Family Coverage Death Benefits

(Servicemembers' Group Life Insurance Family Coverage)

Part I – Information concerning deceased family member

Name of deceased (first, middle, last)	Social Security Number
Relationship to service member	Date of death

Part II – Information concerning claimant (service member)

Name (first, middle, last)	Date of birth (month day year)
Address	Social Security Number
Daytime telephone number	Branch of service
Claimant Email Address	

Part III – Information concerning payment of insurance benefits

- My preferred method of payment is:
- Lump Sum – Alliance Account®
 - Lump Sum – Check
 - Lump Sum – Electronic Funds Transfer (EFT) – Please provide your banking information below.
 - 36 Equal Monthly Payments – Check (Not available for Child benefit payment)
 - 36 Equal Monthly Payments – Electronic Funds Transfer (EFT) – Please provide your banking information below. (Not available for Child benefit payment)

Payment will be made by the Alliance Account® if no option is selected.

For EFT only – Please provide your banking information below to have the benefit paid by Electronic Funds Transfer.

Bank Routing Number	Bank Account Number	<input type="checkbox"/> Checking
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Savings
Bank Name	Bank Phone Number	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
First Name	MI	Last Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Customer's Name
Street Address
City, State, Zip

Sample Check

PAY TO THE ORDER OF _____ \$

Check No. 1234

Bank Name
Street Address
City, State, Zip

00123012201234⑈ 1234

The **bank routing number** is always 9 digits and appears between the ⑈ symbols

The **bank account number** varies in length and may contain dashes or spaces. The ⑈ symbol indicates the end of the account number.

Bank Routing Number
Bank Account Number
Check Number (not needed)

If I have selected payment by Electronic Funds Transfer, I authorize The Prudential Insurance Company of America (Prudential) to make electronic deposits on my Death Claim proceeds into the above account. I understand that I must be the named account holder on this account and that any deposit made to an inactive account agreement will be returned to Prudential and reissued as a manual check. In addition, if any overpayment of such Death Claim proceeds is credited to this account in error, I authorize Prudential to withdraw the difference between the benefit amount paid and the recalculated amount of the benefit actually due under the terms of the insurance coverage.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.



Prudential

Office of Servicemembers'
Group Life Insurance

Name of Deceased:

SSN of Deceased:

Part IV – Certification by claimant (service member)

I HEREBY CERTIFY that all of the statements made in this claim are true to the best of my knowledge, information and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld.

Signature of claimant (service member) _____ Date _____

Warning – Any intentionally false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than five years, or both (18 USC 1001).



Prudential

Office of Servicemembers'
Group Life Insurance

Instructions To Claimants

THIS FORM IS TO BE USED WHEN THE DECEASED IS AN "INSURED DEPENDENT" OF A MEMBER OF A UNIFORMED SERVICE WHO IS INSURED UNDER THE SGLI PROGRAM.

Payment of Death Benefits

Any amount of insurance in force on an insurable dependent of a service member on the date of the dependent's death, shall be paid, upon the establishment of a valid claim:

- to the service member or, in the event of the service member's death before payment can be made then,
- to the person or persons entitled to receive payment of the proceeds of SGLI insurance on the service member's life.

Insurance payable upon the death of an insurable dependent child is not available in installment payments.

Evidence Required

In the event the insured dependent dies while the service member is serving on active duty or as a qualified member of the Ready Reserves, the Office of Servicemembers' Group Life Insurance (OSGLI) will be furnished with proof of death by the Uniformed Service. In all other situations, the claimant must submit a certified copy of the Certificate of Death. You will be informed if it becomes necessary to submit other evidence.

About the Alliance Account

- The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. Interest is accrued daily, compounded daily and credited every month. The interest rate may change and will vary over time subject to a minimum rate that will not change more than once every 90 days. You will be advised in advance of any change to the minimum interest rate via your quarterly Alliance Account statement or by calling Customer Support at (877) 255-4262.
- The interest rate credited to the Alliance Account is adjusted by Prudential at its discretion based on variable economic factors (including, but not limited to, prevailing market rates for short term demand deposit accounts, bank money market rates and Federal Reserve Interest rates) and may be more or less than the rate Prudential earns on the funds in the account.
- An Alliance Account is an interest bearing draft account established in the beneficiary's name with a draft book. The beneficiary can write drafts for any amount up to the full amount of the proceeds. There are no monthly service fees or per draft charges and additional drafts can be ordered at no cost, but fees apply for some special services including returned drafts, stop payment orders and copies of statements/drafts.
- **The funds in your Alliance Account are available immediately.** Simply use the enclosed drafts to access the account anytime you wish. You can write a draft to yourself (which you can cash or deposit at your own bank) or write a draft to another person or to any business as you need your funds.
- Alliance Account funds are part of Prudential's General Account and are backed by the financial strength of The Prudential Insurance Company of America which has been in business and serving its customers for over 130 years. **The Alliance Account is not a bank account or a bank product, and therefore, is not FDIC insured.**
- Accountholders cannot make deposits into an Alliance Account. Only eligible payments from other Prudential insurance policies or contracts may be added to the Alliance Account.
- You can access the money immediately by using the draft book you will receive. There are no monthly service fees or per draft charges and additional drafts can be ordered at no cost, but fees apply for some special services including returned drafts, stop payment orders and copies of statements/drafts.

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